

## UNEMPLOYMENT INSURANCE CLAIM: CLAIMANT INFORMATION

1. Social Security Account Number

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PLEASE PRINT. SHADED AREAS ARE FOR OFFICE USE ONLY.

2. Have you filed a claim for Unemployment Insurance benefits at this or any other office or in any other state during the past 12 months? Yes <input type="checkbox"/> No <input type="checkbox"/>				<b>FOR OFFICE USE ONLY</b> File Date: ____ / ____ / ____ Effective Date: ____ / ____ / ____ SOC Code: _ _ Is there a predate issue? Yes <input type="checkbox"/> No <input type="checkbox"/> Location Code: _ _ _ Duplicate SSN: _ _							
A. If YES, please give location: _____											
3. _____ (Last Name) (First Name) (M.I.) (Name Worked Under, If Different)											
4. Mail Address: (No. and St., P.O. Box, or RFD No./Apt. No.) (City or Town) (State) (Zip Code)											
5. Home Address: (Complete only If Different from Mail Address) (City or Town) (State) (Zip Code)											
6. Telephone Number: (____) _____ - _____				7. Birth Date: ____ - ____ - ____				8. Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>			
9. (Optional) Are you handicapped? Yes <input type="checkbox"/> No <input type="checkbox"/>											
10. (Optional) Race: <input type="checkbox"/> White (1) <input type="checkbox"/> Black (2) <input type="checkbox"/> Am. Indian/Alaskan Native (4) <input type="checkbox"/> Asian (5) <input type="checkbox"/> Native Hawaiian/Other Pacific Islander (7)											
11. (Optional) Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No				12. Years of Education: _____				13. Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No			
14. I hereby certify, under penalty of perjury, that I am a citizen of the United States. ....				Yes <input type="checkbox"/> No <input type="checkbox"/>							
A. If "No" is checked, complete the following: I hereby certify under penalty of perjury, that I am in satisfactory immigration status. ....				Yes <input type="checkbox"/> No <input type="checkbox"/>							
B. If you are not a citizen or national, enter your INS work authorization document number.....				A <input type="text"/>				<input type="text"/>			
15. Do you have any dependent children?.....				Yes <input type="checkbox"/> No <input type="checkbox"/>							
16. Are there any personal, domestic, medical or other reasons which would prevent your accepting work on any full-time shift which is customary to your usual occupation or any other occupation to which you are reasonable suited?.....				Yes <input type="checkbox"/> No <input type="checkbox"/>							
17. During the past 15 MONTHS were any of the businesses for which you worked owned or partly owned by yourself or a family member? .....				Yes <input type="checkbox"/> No <input type="checkbox"/>							
If YES, enter the employer's name(s) and relationship: _____											
18. In the past 15 MONTHS have you been engaged in any business activity as an officer of a corporation?.....				Yes <input type="checkbox"/> No <input type="checkbox"/>							
19. Are you receiving, or have you received, or do you expect to receive WORKERS' COMPENSATION?.....				Yes <input type="checkbox"/> No <input type="checkbox"/>							
20. Are you a union member who is currently seeking work exclusively through a hiring hall or business agent? .....				Yes <input type="checkbox"/> No <input type="checkbox"/>							
21. Have you been notified by an employer of a definite return to work date? .....				Yes <input type="checkbox"/> No <input type="checkbox"/>							
If Yes, A. Employer name is: _____											
B. What is your scheduled return to work date? ____ / ____ / ____				C. Was the return date given in writing? .....				Yes <input type="checkbox"/> No <input type="checkbox"/>			
22. Are you CUSTOMARILY laid off and return to work with the same or different employer in your:											
A. Industry? .....				Yes <input type="checkbox"/> No <input type="checkbox"/>							
OR											
B. Occupation? .....				Yes <input type="checkbox"/> No <input type="checkbox"/>							
23. Were you notified, IN WRITING, by any of your employers during the last 15 MONTHS that you were a seasonal employee? .....				Yes <input type="checkbox"/> No <input type="checkbox"/>							
IF YES, enter the seasonal employer's name(s): _____											

24. STARTING WITH YOUR MOST RECENT JOB AND IN REVERSE ORDER, COMPLETE YOUR EMPLOYMENT HISTORY. IN ORDER TO PROCESS YOUR CLAIM ALL JOBS DURING THE LAST 15 MONTHS MUST BE INCLUDED.

Name of Company/Employer	Occupation	Start Date	End Date
		(   )   -	
Street Address	City/Town	Zip Code	Telephone Number
Reason for Separation:			
<input type="checkbox"/> <b>L</b> - Lay Off	<input type="checkbox"/> <b>Q</b> - Quit	<input type="checkbox"/> <b>D</b> - Discharge	<input type="checkbox"/> <b>A</b> - Leave of Absence
<input type="checkbox"/> <b>R</b> - School Employee/ Reasonable Assurance/Expects to return to work	<input type="checkbox"/> <b>M</b> - Suspension	<input type="checkbox"/> <b>S</b> - Lockout/Strike	<input type="checkbox"/> <b>C</b> - Court Conviction
		<input type="checkbox"/> <b>E</b> - Still Employed	

a. Are you receiving or have you received, or do you expect to receive from THIS employer:  
     Separation pay, dismissal pay, or termination pay?..... Yes ☐ No ☐  
     Vacation allowance? ..... Yes ☐ No ☐

b. During the last 15 MONTHS did you start to receive (or did you receive in lump sum) or will you be receiving within the next 52 WEEKS any type of retirement income, including pension or any other form of retirement?..... Yes ☐ No ☐

Name of Company/Employer	Occupation	Start Date	End Date
		(   )   -	
Street Address	City/Town	Zip Code	Telephone Number
Reason for Separation:			
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<input type="checkbox"/> <b>R</b> - School Employee/ Reasonable Assurance/Expects to return to work	<input type="checkbox"/> <b>M</b> - Suspension	<input type="checkbox"/> <b>S</b> - Lockout/Strike	<input type="checkbox"/> <b>C</b> - Court Conviction
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DUA Employer ID. #: \_\_\_\_\_

Accept Wages?      Yes ☐      No ☐      N/A ☐

Seasonal Emp.?      Yes ☐      No ☐

Interested Party Emp.?      Yes ☐      No ☐

School Emp.?      Yes ☐      No ☐

Form Type: \_\_\_\_\_

Reason for Discrepancy? \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Accept Wages?      Yes ☐      No ☐      N/A ☐

Seasonal Emp.?      Yes ☐      No ☐

Interested Party Emp.?      Yes ☐      No ☐

School Emp.?      Yes ☐      No ☐

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Reason for Discrepancy? \_\_\_\_\_

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Interested Party Emp.?      Yes ☐      No ☐

School Emp.?      Yes ☐      No ☐

Form Type: \_\_\_\_\_

Reason for Discrepancy? \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

25. ARE THERE ADDITIONAL EMPLOYERS FOR WHOM YOU WORKED IN THE LAST 15 MONTHS?      Yes ☐      No ☐